FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # K

TAMPA FL 33609-2938

K10715

(6)

EVERMORE REALTY CORPORATION

FILED
Jan 26 1998 8:00am
Secretary of State

Zip Code

Principal Plac	e of Business	Mailing Address				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
3333 HENDERSON BLVD. SUITE 150 TAMPA FL 33609-2838		3333 HENDERSON BLVD. SUITE 150 TAMPA FL 33609-2938								
2. Principal P	lace of Business	2a, Mailing A	2a. Mailing Address			01/06/1988 4. FEI Number			Applied For	
21		26	26			58-1767913			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apl	Suite, Apt. #, etc.			5.	5, Certificate of Status Desired See Required Fee Required			
City & State		City & Sta	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country 25	Zip 29	30	intry			Personal Property Tax due June 30.			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
RILEY, STEVEN P ESQ. 3333 HENDERSON BLVD. SUITE 150					Name Street Add	ress (f	P.O. Box Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

83

84 City

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when roinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition ☐ DELETE 1.1 TITLE TITLE 1.2 NAME CHENG, MEI LING NAME STREET ADDRESS P.O. BOX 640186 OAKLAND GARDEN STATION 1.3 STREET ADDRESS **FLUSHING NY** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

15/98